FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09 1997 8:00am Secretary of State

DOCUMENT # P95000088325 (2)

ACROPOLIS, INC.

21 22 23

Principal Place of Business									
1480 WES	st fairbanks avenue								

Mailing Address

1460 WEST FAIRBANKS AVENUE WINTER PARK FL 32789-4806

WINTER PARK FL 32789 WINTER PARK FL 32789-4806					[
						Incorporated of 7/1995	r Qualified	3a. Date 0		eport
	nace of Business	2a. Mailing Address			4. FEI N	lumber			Ap	plied For
21 843	South Devials 1	DR SAME			59	3343280			No	ot Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5. Certi	icate of Status	Desired		8.75 / Fee Re	Additional equired
City & State 23 しいれ	/ . 1	City & State	æ			ion Campaign Fund Contribu			\$5.00 Added t	
Zip 327	789 25 USA	Zip	Country 30			corporation has la Statutes		tangible tax Yes		. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Nam	e and Address	of New Regi	stered Age	nt	
ROB	HNSON, PAUL K III		81	Name	Dud	v 1	anzi na	N W		
	WEST FAIRBANKS AVENUE		82	Street Addre	ess (P.O. B	ox Number is N				
WIN	TER PARK FL 32789							·,		
			83	8	43	South	DENNIA	16 3	12116	
			84	City L.L.	N-R/I	PLOI	,	FL B	5 Zip (Code
11. Pursuant	to the provisions of Section: 607.050	2 and 607,1508, Florida Statut	es, the abov	e-named corp	oration sub	mits this statem	ent for the pu		anging it	s registered
office or r	to the provisions of Section: 607.050 registered agent, or both in the State im familiar with, and accept the oblig	of florida, Such change was a	authorized by	the corporati	ion's board	of directors. I h	ereby accept	the appoint	ment as	registered
	4 60			u ,			4-	3-9-7	,	
SIGNATURE	Signature, typed Uprinted name of registered ag	ort and title if applicable. (NOT	E: Registered Ag	ent signature require	ed when re-nstal	ing)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDIT	IONS/CHANGE	S TO OFFICE			S IN 12 Addition
THUF	PVST	☐ DELETE	1.1 TITLE					>	Change	Addition
NAME	ROBINSON, PAUL HI		1.2 NAME		A	<u></u>	DENA	111 3		,
SUBSET ADORESS	214 SOUTH THORNTON AVE	NUE	13 STREE	ADDRESS	४५ %	PONTH	- Deviv	~ ~ ~	おどの	
CITY-ST-7/P	ORLANDO FL 32801		1.4 CITY-	ST-ZIP	MINTE	X PA	ek,	<u> </u>	3278	
HILE !	D	☐ DELETE	2.1 TITLE				•	Þ	Change	Addition
NAME	ROBINSON, PAUL III		22 NAME	-		<u> </u>		الدائم	N - 1	
STREET ADDRESS	214 SOUTH THORNTON AVE	NUE	2.3 SPACE		845	South	+ +60	W 100	7754	36-
CITY-ST-769	ORLANDO FL 32801		2.4 CITY-	معينا	MWI	<u> </u>	<u>u</u> ,	<u> </u>	327	89
TITLE	}	☐ DELETE	3.1 TITLE				•	L	Change	Addition
NAME			3.2 NAME	í						
STREET ADDRESS	}		3.3 STREET	1						-
CITY - S1 - 769	A CONTRACTOR OF THE STREET OF	1 nri rec	3.4. CITY-	SI · ZIP					Char	T Address
THLE		DELETE	4.1 TITLE	}				لسا	Change	L.] Addition
NAME			4. 2 NAME							}
STREET ADDRESS	Ì		4.3 STREET							ļ
City - St - Zip		DELETE	4.4 CITY - S	ST - ZIP				7	Charte	Addition
THIE		► ntrrit	5.1 TITLE					L	Change	Addition
NAME			5.2 NAME							}
STREET ADURESS			5.3 STREET	6						}
CITY - ST - 74P		TT NEITE	5.4 CITY - 5	ST-ZIP	······································				Chacea	T Addition
TITLE !		DELETE	6 1 TITLE					L	Change	L. Addition
NAME	}		6.2 NAME	1						1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report er supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the region of the composition or the region of the composition of the region of the reg appears in Block 12 or Block 13 if

SIGNATURE:

STREET ADDRESS CHY-\$1-76

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